

| CAP MILITARY AIRLIFT (MILAIR) REQUEST FORM  |      |                   |       |                              |       |
|---|------|-------------------|-------|------------------------------|-------|
| 1   | TO:  |                   |       | 2                            | FROM: |
| 3 FLIGHT ITINERARY (See Note a)   |      |                   |       |                              |       |
| LEG   | DATE | DEPARTURE STATION | TIME  | ARRIVAL STATION              | TIME  |
| A   |      |                   |       |                              |       |
| B   |      |                   |       |                              |       |
| C   |      |                   |       |                              |       |
| D   |      |                   |       |                              |       |
| 4 PASSENGER LIST (See Note b)   |      |                   |       |                              |       |
| NAME  |      |                   | GRADE | BRANCH                       |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
| 5 PURPOSE OF TRAVEL   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
| 6 FLYING UNIT/POC/DSN/REQUIREMENTS (See Note c)   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
| 7 GROUP LEADER (See Note d)   |      |                   |       |                              |       |
| NAME  |      | WORK PHONE/FAX    |       | HOME PHONE (AREA CODE + NO.) |       |
|   |      |                   |       |                              |       |
| 8 CAP-USAF AIRLIFT COORDINATOR SIGNATURE (See Note e)   |      |                   |       |                              |       |
|   |      |                   |       |                              |       |
| <b>NOTES:</b><br>a. (Block 3) Provide the actual airport or military installation, and the state. Use local times.<br>b. (Block 4) List senior traveler first. List the first five passengers on this worksheet and attach a separate listing of all other passengers.<br>c. (Block 6) List flying unit, point of contact, DSN phone number and any requirements the unit may have (man-days, per diem, opportune number, etc.).<br>d. (Block 7) Group leader's name, work and home phone numbers, and fax number, if available. If the group leader is not known at the time this form is completed, leave this block blank. When the group leader is identified, call HQ CAP-USAF/XOO and the validator will fill in the information.<br>e. (Block 8) LR airlift coordinator's signature and signature block. |      |                   |       |                              |       |